STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

1. TITLE OF NEWSPAPER: Mitchell Republic		2. DATE: 9/30/24
3. FREQUENCY OF ISSUE: Twice Weekly	3A. NO. OF ISSUES PUBLISHED ANNUALLY: 104	3B. ANNUAL SUBSCRIPTION PRICE $ 249.89
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers): 400 N Cody St, Mitchell, Davison County, SD 57301-2815		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers): 101 5th St S, Fargo, ND 58102-4826		
6. FULL NAME OF PUBLISHER: Joni Harms		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.		
FULL NAME: Forum Communications Company	COMPLETE MAILING ADDRESS: 101 5th St N Fargo, ND 58102-4826	
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.: None		

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run Plus Paid Electronic Copies)	6878	7379
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, and counter sales.	1036	940
2. Mail Subscription (Paid and or requested)	1874	2003
3. Paid Electronic Copies	3641	4268
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1, 9B2 and 9B3.)	6571	7211
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	32	35
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	20	13
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	6623	7259
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	255	120
2. Return from News Agents		
G. TOTAL (Sum of E, F1 and F2 – Should equal total shown in A.)	6878	7379

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public

I swear that the statements made by me are true, correct, and complete:

(Signature) Publisher (Title)

State of South Dakota)
) ss
County of Minnehaha)

Sworn to before me this 30th day of September, 2024

(Seal) ADAM KAUS NOTARY SEAL PUBLIC STATE OF SOUTH DAKOTA

Notary Public

My commission expires: June 22, 2029

Form: SOS REQUIRED 2015